

6/9
X6
76 94
76 (12) 6 X
164 248
97
14
64 2185

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17						
18	1					
19	1					
20	1					
21	1					
22						
23						
24						
25						
26	1					
27	1					
28	1					
29	1					
30	2					
31	2					
32	1					
33	1					
34	1					
35	1					
36	1					
37	3					
38	3					
39	3					
40	2					
41	2					
42	3					
43	1					
44	1					
45	1					
46	1					
47						
48	1					
49	1					
50						
TOTAL IND.	6					
TOTAL DEP.	85					
TOTAL CLAIMS	91					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53	1				
54	1				
55	1				
56	4				
57	3				
58	1				
59	1				
60	3				
61	3				
62	3				
63	1				
64	1				
65	1				
66	1				
67	1				
68	1				
69	1				
70	1				
71	1				
72	1				
73	1				
74	1				
75	1				
76	1				
77	1				
78	1				
79	1				
80	1				
81	1				
82	1				
83	1				
84	1				
85	1				
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					